

## OFFICE OF SECRETARY OF STATE **CORPORATIONS DIVISION**

315 West Tower, #2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530 (404) 656-2817 Registered agent, officer, entity status information via the Internet

http://www.georgiacorporations.org

**CHAUNCEY R. NEWSOME** Director

## TRANSMITTAL INFORMATION **GEORGIA VIDEO FRANCHISE AUTHORITY**

## **IMPORTANT**

Remember to include your e-mail address when completing this transmittal form.	
Providing your e-mail address allows us to notify you via e-mail when we raction on your filing. Please enter your e-mail address on the line below. The	
E-Mail:	
NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF	THIS FORM
1.	
Corporate Name (List exactly as it appears in articles)	
Corporate Mailing Address	
2.	
Name and Title of person filing franchise application (certificate will be mailed to this person, at add	dress below) Telephone Number
Address	
City State	Zip Code
3. Mail or deliver the following items to the Secretary of State, at the a	bove address:
<ol> <li>This transmittal form</li> <li>Original and one copy of the Application for State-Issued Certific</li> </ol>	ate of Franchica Authority
(Form GAVFL 001)	•
<ul> <li>3) A valid Certificate of Existence, if applicable.</li> <li>4) Filing fee of \$500.00 payable to Secretary of State. All filing fees</li> </ul>	s are NON-refundable.
I certify that the appropriate counties and municipalities have been application pursuant to O.C.G.A 36-76-4 (a) and with notice to de O.C.G.A. 36-76-6.	
Authorized signature of person filing documents	Date
Request certificates and obtain entity information via the Internet: http	://www.georgiacorporations.org